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## BIB DATA SHEET

CONFIRMATION NO. 3254

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/586,059	05/08/2007	514	1616	33554A
<b>RULE</b>				
<b>APPLICANTS</b> James Kowalski, Belle Mead, NJ; Jay Parthiban Lakshman, Cedar Knolls, NJ; Arun P. Patel, Succasunna, NJ;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP05/00400 01/17/2005 which claims benefit of 60/604,274 08/25/2004 * and claims benefit of 60/537,706 01/20/2004 * (*)Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/06/2007				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /HONG YU/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 51
<b>INDEPENDENT CLAIMS</b> 7				
<b>ADDRESS</b> NOVARTIS CORPORATE INTELLECTUAL PROPERTY ONE HEALTH PLAZA 104/3 EAST HANOVER, NJ 07936-1080 UNITED STATES				
<b>TITLE</b> Direct Compression Formulation And Process				
<b>FILING FEE RECEIVED</b> 3250	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	